

Table 1: Preferred ART Regimens for Initial Treatment of Nonpregnant Adults With HIV-2

Table 2: Alternative ART Regimens for Initial Treatment of Nonpregnant Adults With HIV-2

Table 3: Other Initial ART Regimen Not Included as Preferred or Alternative for Nonpregnant Adults with HIV-2

Table 1: Preferred ART Regimens for Initial Treatment of Nonpregnant Adults With HIV-2 [a] (listed alphabetically; for specific details, see prescribing information; for full recommendations on initiating ART in patients with HIV-1, see NYSDOH AI guideline Selecting an Initial ART Regimen)		
Regimen	Comments	Rating
<i>Available as a Single-Tablet Formulation</i>		
Tenofovir alafenamide/emtricitabine/bictegravir [b,c] (TAF 25 mg/FTC/BIC; Biktarvy)	<ul style="list-style-type: none"> Do not initiate a tenofovir-based regimen in patients with CrCl <30 mL/min [d]. Magnesium- or aluminum-containing antacids may be taken 2 hours before or 6 hours after BIC; calcium-containing antacids or iron supplements may be taken simultaneously if taken with food. 	A2
<i>Available as a Multi-Tablet Regimen</i>		
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/emtricitabine <i>and</i> dolutegravir [b,c] (TAF 25 mg/FTC or TDF 300 mg/FTC and DTG; Descovy or Truvada <i>and</i> Tivicay)	<ul style="list-style-type: none"> Do not initiate a tenofovir-based regimen in patients with CrCl <30 mL/min [d]. TAF/FTC is strongly preferred over TDF/FTC in patients with CrCl <50 mL/min [d]. For TDF/FTC in patients with CrCl 30 to 49 mL/min: 1 tablet every 48 hours. For TDF/FTC, consider bone mineral density. Documented DTG resistance after initiation in treatment-naïve patients is rare. Magnesium- or aluminum-containing antacids may be taken 2 hours before or 6 hours after DTG; calcium-containing antacids or iron supplements may be taken simultaneously if taken with food. 	A2
<p>Abbreviations: 3TC, lamivudine; ART, antiretroviral therapy; CrCl, creatinine clearance; INSTI, integrase strand transfer inhibitor; NRTI, nucleoside/nucleotide reverse transcriptase inhibitor; PI, protease inhibitor; PrEP, pre-exposure prophylaxis.</p> <p>Notes:</p> <p>a. For recommended ART regimens in pregnant patients with HIV-2, see Table 4: ART Regimens for Initial Treatment of Pregnant Adults With HIV-2.</p> <p>b. Substitutions:</p> <ul style="list-style-type: none"> In all cases, FTC and 3TC are interchangeable. TAF 10 mg and TAF 25 mg are not interchangeable. <p>c. If a patient acquires HIV-2 while receiving long-acting injectable cabotegravir for PrEP, the initial regimen should be non-INSTI-based (e.g., a boosted PI and 2 NRTIs).</p> <p>d. For dose adjustments, refer to NYSDOH AI guideline Selecting an Initial ART Regimen > ARV Dose Adjustments for Hepatic or Renal Impairment.</p>		

Table 2: Alternative ART Regimens for Initial Treatment of Nonpregnant Adults With HIV-2 [a]

 (listed alphabetically; for specific details, see prescribing information; for full recommendations on initiating ART in patients with HIV-1, see NYSDOH AI guideline [Selecting an Initial ART Regimen](#))

Regimen	Comments	Rating
<i>Available as a Single-Tablet Formulation</i>		
Tenofovir alafenamide/emtricitabine/darunavir/cobicistat [b] (TAF 10 mg/FTC/DRV/COBI; Symtuza)	<ul style="list-style-type: none"> Do not initiate a tenofovir-based regimen in patients with CrCl <30 mL/min [c]. Carefully consider drug-drug interactions with COBI [Eron, et al. 2018]. 	B2
Tenofovir alafenamide/emtricitabine/elvitegravir/cobicistat [b,d] (TAF 10 mg/FTC/EVG/COBI; Genvoya)	<ul style="list-style-type: none"> Do not initiate a tenofovir-based regimen in patients with CrCl <30 mL/min [c]. Carefully consider drug-drug interactions with COBI. Separate dosing of aluminum-, calcium-, and magnesium-containing antacids by 2 hours, either before or after EVG. 	B2
<i>Available as a Multi-Tablet Regimen</i>		
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/emtricitabine <i>and</i> high-dose raltegravir [b,d] (TAF 25 mg/FTC or TDF 300 mg/FTC and RAL HD; Descovy or Truvada <i>and</i> Isentress HD)	<ul style="list-style-type: none"> Do not initiate a tenofovir-based regimen in patients with CrCl <30 mL/min [c]. TAF/FTC is strongly preferred over TDF/FTC in patients with CrCl <50 mL/min [c]. For TDF/FTC in patients with CrCl 30 to 49 mL/min: 1 tablet every 48 hours. For TDF/FTC, consider bone mineral density. Administer as TAF/FTC or TDF/FTC once daily and RAL HD 1,200 mg once daily, dosed as two 600 mg HD tablets. To date, no clinical trials have been conducted with TAF and RAL; data are based on bioequivalence pharmacokinetic studies. Magnesium- or aluminum-containing antacids are contraindicated; coadministration of calcium-containing antacids is not recommended with RAL HD. 	B2
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/emtricitabine <i>and</i> raltegravir [b,d] (TAF 25 mg/FTC or TDF 300 mg/FTC and RAL; Descovy or Truvada <i>and</i> Isentress)	<ul style="list-style-type: none"> Do not initiate a tenofovir-based regimen in patients with CrCl <30 mL/min [c]. TAF/FTC is strongly preferred over TDF/FTC in patients with CrCl <50 mL/min [c]. For TDF/FTC in patients with CrCl 30 to 49 mL/min: 1 tablet every 48 hours. For TDF/FTC, consider bone mineral density. Administer as TAF/FTC or TDF/FTC once daily and RAL 400 mg twice daily. Magnesium- or aluminum-containing antacids are contraindicated; calcium-containing antacids are acceptable with RAL. 	B2
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/emtricitabine <i>and</i> darunavir/ritonavir [b] (TAF 25 mg/FTC or TDF 300 mg/FTC <i>and</i> DRV 800 mg and RTV 100 mg; Descovy or Truvada <i>and</i> Prezista/Norvir)	<ul style="list-style-type: none"> Do not initiate a tenofovir-based regimen in patients with CrCl <30 mL/min. TAF/FTC is strongly preferred over TDF/FTC in patients with CrCl <50 mL/min [c]. For TDF/FTC in patients with CrCl 30 to 49 mL/min: 1 tablet every 48 hours. For TDF/FTC, consider bone mineral density. 	B2

Table 2: Alternative ART Regimens for Initial Treatment of Nonpregnant Adults With HIV-2 [a]

(listed alphabetically; for specific details, see prescribing information; for full recommendations on initiating ART in patients with HIV-1, see NYSDOH AI guideline [Selecting an Initial ART Regimen](#))

Regimen	Comments	Rating
<p>Abbreviations: 3TC, lamivudine; ART, antiretroviral therapy; CrCl, creatinine clearance; INSTI, integrase strand transfer inhibitor; NRTI, nucleoside/nucleotide reverse transcriptase inhibitor; PI, protease inhibitor; PrEP, pre-exposure prophylaxis.</p> <p>Notes:</p> <p>a. For recommended ART regimens in pregnant patients with HIV-2, see Table 4: ART Regimens for Initial Treatment of Pregnant Adults With HIV-2.</p> <p>b. Substitutions:</p> <ul style="list-style-type: none"> – In all cases, FTC and 3TC are interchangeable. – TAF 10 mg and TAF 25 mg are not interchangeable. – COBI and ritonavir should not be considered interchangeable because of their drug-interaction profiles. <p>c. For dose adjustments, refer to the NYSDOH AI guideline Selecting an Initial ART Regimen > ARV Dose Adjustments for Hepatic or Renal Impairment.</p> <p>d. If a patient acquires HIV-2 while receiving long-acting injectable cabotegravir for PrEP, the initial regimen should consist of a non-INSTI-based regimen (e.g., a boosted PI and 2 NRTIs).</p>		

Table 3: Other Initial ART Regimen Not Included as Preferred or Alternative for Nonpregnant Adults with HIV-2 [a]

(for specific details, see prescribing information; for full recommendations on initiating ART in patients with HIV-1, see NYSDOH AI guideline [Selecting an Initial ART Regimen](#))

Regimen	Comments	Rating
<i>Available as a Single-Tablet Formulation</i>		
Abacavir/lamivudine/dolutegravir [b,c] (ABC/3TC/DTG; Trumeq)	<ul style="list-style-type: none"> • Abacavir is likely associated with CVD, even among individuals with low-to-moderate risk for atherosclerotic CVD and should be avoided in an initial ART regimen. • Initiate only in patients confirmed to be negative for HLA-B*5701. Do not use regimen for rapid-start or test-and-treat initiation of ART. • Do not initiate in patients with CrCl <30 mL/min [d]. • Consider underlying risk of coronary heart disease. • Documented DTG resistance after initiation in treatment-naïve patients is rare. • Magnesium- or aluminum-containing antacids may be taken 2 hours before or 6 hours after DTG; calcium-containing antacids or iron supplements may be taken simultaneously if taken with food. 	B2
<p>Abbreviations: ART, antiretroviral therapy; CVD, cardiovascular disease; CrCl, creatinine clearance.</p> <p>Notes:</p> <p>a. For recommended ART regimens in pregnant patients with HIV-2, see Table 4: ART Regimens for Initial Treatment of Pregnant Adults With HIV-2.</p> <p>b. Substitution: FTC and 3TC are interchangeable.</p> <p>c. Not recommended as a preferred or alternative ART regimen. ABC is likely associated with CVD even among individuals with low-to-moderate risk for atherosclerotic CVD and should be avoided in an initial ART regimen. See NYSDOH AI guideline Selecting an Initial ART Regimen > Special Considerations for Comorbid Conditions > Cardiovascular risks.</p> <p>d. For dose adjustments, refer to NYSDOH AI guideline Selecting an Initial ART Regimen > ARV Dose Adjustments for Hepatic or Renal Impairment.</p>		

Reference

Eron JJ, Orkin C, Gallant J, et al. A week-48 randomized phase-3 trial of darunavir/cobicistat/emtricitabine/tenofovir alafenamide in treatment-naïve HIV-1 patients. *AIDS* 2018;32(11):1431–42. [PMID: 29683855] <https://pubmed.ncbi.nlm.nih.gov/29683855>